

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10199941**  
APPLICANT(S)

FILED DATE **3-11-04**

*2/14/04*

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		4				
9	1					
10		1				
11	1					
12		1				
13	1					
14		1				
15	1					
16		4				
17	1					
18	1					
19	1					
20	1					
21		4				
22	1					
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49						
50						
TOTAL IND.	14					
TOTAL DEP.		14				
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						